ST. CROIX VALLEY GOOD SAMARITAN

750 LOUISIANA EAST

ST. CROIX FALLS 54024 Phone: (715) 483-9815 Ownership: Non-Profit Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): Total Licensed Bed Capacity (12/31/02): Title 19 (Medicaid) Certified? 95 Yes Number of Residents on 12/31/02: Average Daily Census:

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/02)	୧				
Home Health Care	No			Age Groups	%	·	46.5	
Supp. Home Care-Personal Care	No	•		!		1 1 10010	45.3	
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65 10.5		•	8.1	
Day Services	No	Mental Illness (Org./Psy)	17.4	7.4   65 - 74				
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	33.7		100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	41.9	*********	*****	
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	7.0	Full-Time Equivalent		
		Cancer	2.3			Nursing Staff per 100 R		
Home Delivered Meals	No	Fractures	4.7		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	3.5	65 & Over	89.5			
Transportation	No	Cerebrovascular	14.0			RNs	11.6	
Referral Service	No	Diabetes	8.1	Sex	용	LPNs	10.5	
Other Services	No	Respiratory	5.8			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	44.2	Male	33.7	Aides, & Orderlies	38.2	
Mentally Ill	No			Female	66.3	1		
Provide Day Programming for			100.0			1		
Developmentally Disabled	No			l	100.0	1		

## Method of Reimbursement

		edicare			edicaid itle 19			Other		]	Private Pay	:		amily Care		I	Managed Care			
Level of Care	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	00	Per Diem (\$)	No.	00	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	1	2.0	127	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.2
Skilled Care	12	100.0	230	46	92.0	109	0	0.0	0	17	81.0	134	0	0.0	0	3	100.0	230	78	90.7
Intermediate				3	6.0	91	0	0.0	0	4	19.0	124	0	0.0	0	0	0.0	0	7	8.1
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	12	100.0		50	100.0		0	0.0		21	100.0		0	0.0		3	100.0		86	100.0

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Admissions, Discharges, and		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02										
Deaths During Reporting Period												
					% Needing		Total					
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of					
Private Home/No Home Health	6.2	Daily Living (ADL)	-	One	Or Two Staff	Dependent	Residents					
Private Home/With Home Health	5.5	Bathing	0.0		61.6	38.4	86					
Other Nursing Homes	12.3	Dressing	10.5		68.6	20.9	86					
Acute Care Hospitals	74.0	Transferring	19.8		54.7	25.6	86					
Psych. HospMR/DD Facilities	0.7	Toilet Use	12.8		51.2	36.0	86					
Rehabilitation Hospitals	1.4	Eating	47.7		43.0	9.3	86					
Other Locations	0.0	*******	******	*****	******	******	*****					
Total Number of Admissions	146	Continence		8	Special Treatme	nts	%					
Percent Discharges To:		Indwelling Or Extern	nal Catheter	5.8	Receiving Res	piratory Care	11.6					
Private Home/No Home Health	9.4	Occ/Freq. Incontinen	nt of Bladder	47.7	Receiving Tra	cheostomy Care	1.2					
Private Home/With Home Health	37.6	Occ/Freq. Incontinen	nt of Bowel	34.9	Receiving Suc	tioning	1.2					
Other Nursing Homes	6.7				Receiving Ost	omy Care	2.3					
Acute Care Hospitals	14.1	Mobility			Receiving Tub	e Feeding	1.2					
Psych. HospMR/DD Facilities	0.7	Physically Restraine	ed	3.5	Receiving Mec	hanically Altered Diet	s 10.5					
Rehabilitation Hospitals	0.0	]										
Other Locations	2.7	Skin Care			Other Resident	Characteristics						
Deaths	28.9	With Pressure Sores		11.6	Have Advance	Directives	70.9					
Total Number of Discharges		With Rashes		15.1	Medications							
(Including Deaths)	149	I			Receiving Psy	choactive Drugs	59.3					

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Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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		Ownership:			Size:		ensure:		_			
	This		profit		-99		lled	Al				
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities			
	%	olo	Ratio	olo	Ratio	%	Ratio	%	Ratio			
Occupancy Rate: Average Daily Census/Licensed Beds	92.6	86.5	1.07	83.5	1.11	83.3	1.11	85.1	1.09			
Current Residents from In-County	77.9	79.3	0.98	72.9	1.07	75.8	1.03	76.6	1.02			
Admissions from In-County, Still Residing	19.9	23.9	0.83	22.2	0.90	22.0	0.90	20.3	0.98			
Admissions/Average Daily Census	165.9	107.3	1.55	110.2	1.51	118.1	1.40	133.4	1.24			
Discharges/Average Daily Census	169.3	110.2	1.54	112.5	1.50	120.6	1.40	135.3	1.25			
Discharges To Private Residence/Average Daily Censu	ıs 79.5	41.6	1.91	44.5	1.79	49.9	1.59	56.6	1.41			
Residents Receiving Skilled Care	91.9	93.2	0.99	93.5	0.98	93.5	0.98	86.3	1.06			
Residents Aged 65 and Older	89.5	95.7	0.94	93.5	0.96	93.8	0.95	87.7	1.02			
Title 19 (Medicaid) Funded Residents	58.1	69.2	0.84	67.1	0.87	70.5	0.82	67.5	0.86			
Private Pay Funded Residents	24.4	22.6	1.08	21.5	1.13	19.3	1.27	21.0	1.16			
Developmentally Disabled Residents	0.0	0.6	0.00	0.7	0.00	0.7	0.00	7.1	0.00			
Mentally Ill Residents	17.4	35.9	0.49	39.0	0.45	37.7	0.46	33.3	0.52			
General Medical Service Residents	44.2	18.1	2.45	17.6	2.50	18.1	2.44	20.5	2.16			
Impaired ADL (Mean)	54.4	48.7	1.12	46.9	1.16	47.5	1.15	49.3	1.10			
Psychological Problems	59.3	52.0	1.14	54.6	1.09	52.9	1.12	54.0	1.10			
Nursing Care Required (Mean)	6.8	6.8	1.00	6.8	1.01	6.8	1.01	7.2	0.95			